

# COSMOPROF

## NORTH AMERICA LAS VEGAS

July 9 – 11, 2017 • Las Vegas, NV

### Official Show Directory, Company Listing

PRINT DEADLINE: May 5, 2017

Complete this and other ERG forms online at: [www.cosmoprofnorthamerica.com](http://www.cosmoprofnorthamerica.com)

This information will appear in the CPNA 2017 official exhibition directory. If your information is not updated by the deadline indicated above, your company name and booth number will be printed in the directory and posted online without editorial content. One entry per exhibiting company.

The Official CPNA Show Directory will be complimentary to all attendees on site. For information on advertising in the directory, consult the Exhibitor Resource Guide.

**Please complete this form online.** DO NOT USE ALL CAPS. Failure to comply may result in errors to your entry. Show management will not be held responsible for such errors.

To complete this form, visit [www.cosmoprofnorthamerica.com](http://www.cosmoprofnorthamerica.com) & click Exhibitor Log-in. If you do not have your password simply enter your email address & it will be emailed to you. Once you are logged-in please confirm &/or update below information:

**NEW onsite directory (only the labels below will be printed in the onsite directory):**

- Exhibiting Company
- Booth Number
- Country
- Website

#### Online Directory

- Select the categories for your products and services. These will be “searchable” to attendees online at BeautyMatch.
- Type an online description of your company and products—in English—as you wish it to appear in the CPNA official online exhibition directory.
- Upload your logo: Brand your eBooth online with your company logo
- Share your recent news with attendees by entering Press Releases
- Engage attendees with full color product images and detailed descriptions to appear in the online Product Gallery

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### EXHIBITOR BADGE REGISTRATION

#### IMPORTANT – PLEASE READ

Due to the increased fraudulent use of exhibitor badges, Cosmoprof North America will no longer permit one representative from an exhibiting company to pick up all exhibitor badges for that company. Each registered exhibitor must present valid photo ID at Exhibitor Registration (opens Friday, July 7 at 1pm) to receive their badge. A badge will be required to enter the show floor.

To ensure the accuracy of your badges and avoid exhibitor registration lines, please register online in advance

**How to Register** (online registration never closes):

**Log On to:** [www.cosmoprofnorthamerica.com](http://www.cosmoprofnorthamerica.com)

- Click “Exhibitor Login”, enter your password and click “Register Your Booth Staff”
- If you don’t have your password, enter your email address to have it sent to you.

Exhibitor Registration is located in Bayside D of the Mandalay Bay Convention Center and will be open at 1pm on Friday, July 7, 2017.

To receive badges; exhibiting companies must meet the following:

- Your booth space is paid in full
- You have submitted original proof of insurance

If these two conditions have not been met, no one from the exhibiting company will be allowed to pick up their badge.

#### Badge Allotment Guidelines

The number of staff badges you receive is determined by the size of your booth space (raw space or ready-stand), from a minimum of two (2) badges to a **maximum of 35 badges**. Please consult the chart below for booth size and badge allotments.

|  |   |                |                    |           |           |
|--|---|----------------|--------------------|-----------|-----------|
| <b>DB Spotlight, Discover Scent, Discover Green &amp; Tones of Beauty = 2 badges</b> |   |                |                    |           |           |
| 9 – 23 sq. meters  | = | 5 badges       | 48 – 59 sq. meters | =         | 20 badges |
| 24 – 35 sq. meters   | = | 10 badges      | 60 – 71 sq. meters | =         | 25 badges |
| 36 – 47 sq. meters   | = | 15 badges      | 72 – 83 sq. meters | =         | 30 badges |
|  |   | 84+ sq. meters | =                  | 35 badges |           |

➤ **Additional badges are \$60.00 each.**

**Restrictions: Children under 16 are not permitted on show floor.**

**VIP Buyer Program:** CPNA exhibitors may offer free admission to five (5) qualified VIP guests. (See Show Rules & Regulations for entrance qualifications). When registering booth staff, there is a VIP INVITE tab/online form that can be filled out. Each VIP will receive an invitation letter, via email, indicating that your company has generously offered them complimentary admission to Cosmoprof North America 2017. For each VIP, you must provide a name, company name and a unique email address. **Limit five (5) VIP Guests per signed exhibitor contract not per booth.**



## Exhibitor Liability Insurance Program

As a standard requirement for all exhibitors, it is necessary to carry general liability coverage from an insurance company in good standing with minimum policy limits of \$1,000,000 per occurrence and \$2,000,000 aggregate.

This insurance must be in force during the lease dates of the event, July 5-12, 2017, naming North American Beauty Events (15825 North 71st Street, #100. Scottsdale, AZ 85254) as the certificate holder. The Additional Insureds must read as follows: North American Beauty Events, Cosmoprof North America, Mandalay Bay Convention Center and GES shall be named as additional insured.

If you already have compliant coverage, please forward your certificate of insurance to [Jen@probeauty.org](mailto:Jen@probeauty.org).

## Purchase your Insurance Now

Simply purchase your insurance, which is already pre-filled with all of the proper show information, directly online using a credit card.

Click the link below to Purchase your Liability Insurance for just \$84:

<https://securevendorinsurance.com/Rainprotection/ApplicantInformation?GroupEventKey=e86ba90f98db>

## NON USA EXHIBITORS - Address and Phone Number instructions:

When filling in your company information it will ask for a phone number and address. Please use the following:  
Address - 3950 S. Las Vegas Blvd. Las Vegas, NV 89119  
Phone Number - (800) 528-7975

## This program is valuable for:

- \*Exhibitors who do not have any insurance.
- \*International Exhibitors whose liability insurance will not cover them at a U.S Show.
- \*Companies who do not have the time to deal with all of the certificate arrangements, and need coverage now.
- \*Exhibitors who find it easier or advantageous to use this program, rather than their corporate insurance; Similar to when you rent a car and do not want to use your own auto insurance.
- \*Should there be a claim, it will not tarnish your policy and rates. And, unlike most corporate policies, there is no deductible.

## We also offer affordable short term Equipment/Merchandise/Display Insurance

All exhibitors are strongly urged to obtain full-coverage temporary insurance for their merchandise and displays while in transit and while at the exposition.

*Please complete and return the Enrollment Form below:*

[Click Here for the Instant Equipment Insurance Enrollment Form](#)



Sample

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/15/2013 7:12  
AM

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|  |   |                       |
|--|---|-----------------------|
| <b>PRODUCER</b><br><b>Rainprotection Insurance</b><br><b>39 Ryder Avenue</b><br><b>Dix Hills, NY 11746</b><br><b>www.Rainprotection.net</b>  | <b>CONTACT NAME:</b>                            |                       |
|  | <b>PHONE (A/C, No, Ext):</b>                    | <b>FAX (A/C, No):</b> |
|  | <b>E-MAIL ADDRESS:</b>                          |                       |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>            |                       |
|  | <b>INSURER A:</b> <b>Insurance Company Name</b> |                       |
|  | <b>INSURER B:</b>                               |                       |
| <b>INSURED</b> SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS:<br><br><b>Exhibitor Name</b><br><b>Street</b><br><b>City, State, Zip Code</b> | <b>INSURER C:</b>                               |                       |
|  | <b>INSURER D:</b>                               |                       |
|  | <b>INSURER E:</b>                               |                       |
|  | <b>INSURER F:</b>                               |                       |
|  | <b>INSURER G:</b>                               |                       |
|  | <b>INSURER H:</b>                               |                       |

# SAMPLE

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE  | ADDL INSR | SUBR WVD | POLICY NUMBER        | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |              |
|----------|--|-----------|----------|----------------------|-------------------------|-------------------------|--|--------------|
| A        | <b>GENERAL LIABILITY</b>   | X         |          | <b>Policy Number</b> | 07/05/2017<br>12:01 AM  | 07/12/2017<br>11:59 PM  | GENERAL AGGREGATE  | \$ 2,000,000 |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY               |           |          |                      |                         |                         | PRODUCTS - COMP/OP AGG   | \$ 2,000,000 |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR |           |          |                      |                         |                         | PERSONAL & ADV INJURY  | \$ 1,000,000 |
|          |  |           |          |                      |                         |                         | EACH OCCURRENCE  | \$ 1,000,000 |
|          |  |           |          |                      |                         |                         | FIRE DAMAGE (Any one fire)   | \$ 300,000   |
|          |  |           |          |                      |                         |                         | MED EXP (Any one person)   | \$ 5,000     |
|          |  |           |          |                      |                         |                         | GENL AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |              |
|          | <b>AUTOMOBILE LIABILITY</b>  |           |          |                      |                         |                         | COMBINED SINGLE LIMIT (Ea accident)  | \$           |
|          | <input type="checkbox"/> ANY AUTO  |           |          |                      |                         |                         | BODILY INJURY (Per person)   | \$           |
|          | <input type="checkbox"/> ALL OWNED AUTOS                                       |           |          |                      |                         |                         | BODILY INJURY (Per accident)   | \$           |
|          | <input type="checkbox"/> HIRED AUTO  |           |          |                      |                         |                         | PROPERTY DAMAGE (Per accident)   | \$           |
|          | <input type="checkbox"/> SCHEDULED AUTOS                                       |           |          |                      |                         |                         |  | \$           |
|          | <input type="checkbox"/> NON-OWNED AUTOS                                       |           |          |                      |                         |                         |  | \$           |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR                            |           |          |                      |                         |                         | EACH OCCURRENCE  | \$           |
|          | <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE                        |           |          |                      |                         |                         | AGGREGATE  | \$           |
|          | DED    RETENTION \$  |           |          |                      |                         |                         |  | \$           |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                           |           |          |                      |                         |                         | WC STATUTORY LIMITS  | OTHER \$     |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)    |           |          |                      |                         |                         | E.L. EACH ACCIDENT   | \$           |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                         |           |          |                      |                         |                         | E.L. DISEASE - EA EMPLOYEE   | \$           |
|          |  |           |          |                      |                         |                         | E.L. DISEASE - POLICY LIMIT  | \$           |
|          |  |           |          |                      |                         |                         | AD&D   |              |
|          |  |           |          |                      |                         |                         | MAXIMUM MEDICAL DEDUCTIBLE   |              |
|          |  |           |          |                      |                         |                         | TERMS OF PAYMENT   |              |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Additional Insured: North American Beauty Events, Mandalay Bay Convention Center and GES. As respects to claims arising out of the operations of Exhibiting Company at Cosmoprof North America - July 9-11, 2017.

|   |   |
|---|---|
| <b>CERTIFICATE HOLDER</b><br><br><b>North American Beauty Events</b><br><b>15825 North 71st Street #100</b><br><b>Scottsdale AZ 85254</b> | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
|   | <b>AUTHORIZED REPRESENTATIVE</b><br><br><i>Rainprotection Insurance</i>   |



## BOOTH PACKAGES

### Ready Stand and Raw Space Options

There are two booth packages available: Ready Stand and Raw Space.

The **Ready Stand** package includes:

- Booth walls consisting of 8' high white double fabric panels
- (1) 500 watt electrical outlet
- (4) upgraded clear chairs
- (1) wood grain rectangular table
- (1) wastebasket
- Pepper color carpet
- A free standing shelving unit
- Company name sign with visibility while walking the aisles
- Track lighting with 3 adjustable heads
- First day of show cleaning

The **Raw Space** package includes:

- concrete floor space only

COSMOPROF NORTH AMERICA IS A COMPLETE **HARDWALL** SHOW.  
**NO EXHIBITOR-SUPPLIED PIPE AND DRAPE IS ALLOWED ON THE SHOW FLOOR.**

If you do NOT purchase our Ready Stand Booth package, it is your responsibility as an exhibitor to provide:

- a minimum back wall that is the width and depth of your space (order form located within the "booth furnishings" section)
- side adjacent walls that are 2.5 meters (8 feet) in booth height from floor
- minimum/maximum booth height of 2.5 meters (8 feet)

All North American exhibitors with RAW SPACE are required to send a diagram (blueprints, line drawings or pictures) with dimensions of the booth to: Jen Burns | email: [Jen@probeauty.org](mailto:Jen@probeauty.org) by May 5<sup>h</sup>, 2017. All raw space diagrams must be pre-approved.

If authorized, walls exceeding 2.5 meters (8 feet) adjacent to another exhibitor's display area must be finished.

All signs, electrical displays, mannequins, display materials, advertising messages, names of companies, trademarks, logos, etc., that exceed 2.5 meters must have suitable backing so they are not visible to the adjacent booth. **Any unfinished walls will be covered by GES and billed to you, the exhibitor.**

All custom booth and double-deck booth blueprints (or line drawings with dimensions) **must be submitted by May 5, 2017** for Show Management and Fire Marshall **approval**. This must be done **regardless of past use**.

- Only booths with 60 raw sq. meters or more can extend two levels.
- The second level can be no larger than 30% of the first floor total sq. meters.
- The cost for second floor is 30% of base price.

CPNA requires all in-line booths not using a Ready Stand set by CPNA to provide 9" of electrical access behind each booth for a total of 18". All peninsula booths must provide 18" of electrical access behind each booth. Be sure to allow for power lines to go under the back wall to permit installation of service. If access is not readily available, electric power will be denied. Please submit a diagram to Mandalay Bay Convention Center of where you would like your electrical outlet to be placed. See the Electrical Order Form under the "Mandalay Bay Exclusive" section of the ERG.

Visit us online at [www.cosmoprofnorthamerica.com](http://www.cosmoprofnorthamerica.com)



**APPLICATION FOR USE OF  
OUTSIDE CONTRACTOR**

**FORM DEADLINE: May 10, 2017**

Exhibitors wishing to use an outside contractor (independent I&D firm other than GES Exposition Services) in the convention center must submit this form to CPNA by May 10, 2017.

Exhibiting Company: \_\_\_\_\_ Booth #: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Please provide information on the outside contractor you wish to use:

Outside Contractor: \_\_\_\_\_

Representative's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_

**Outside Contractors Must Provide:**

1. A list of all exhibitors/clients to be served
2. Verification of adequate insurance coverage. NOTE: If outside contractor is subcontracting through a local company, a copy of their insurance coverage must also be submitted.
3. All work is to be performed by full-time employees of the exhibitor or hired through the local union. Indicate below if outside contractor intends to hire labor direct or wishes to have the official contractor, GES Exposition Services, handle it:  
 We will hire labor direct with the local union.  
 We will have GES, the official contractor, hire labor.

**Outside Contractor Must Comply with the Following Requirements:**

1. Abide by the same rules and regulations pertaining to a CPNA exhibitor.
2. Admittance to the trade show floor is allowed only to those with a temporary pass. Outside contractors must obtain a pass at the CPNA Registration Desk (Mandalay Bay Convention Center).
3. Outside contractors are expected to keep all equipment within the confines of the booth on which they are working. Only GES Exposition Services, the official contractor, is permitted to set up a service desk on the trade show floor. Solicitation on the trade show floor will automatically result in the revocation of your admittance privileges.
4. No outside contractor companies are allowed on CPNA floor during hours of show operation.

As an exhibitor, you are responsible for the contract of all personnel hired by your outside contractor in conjunction with the CPNA trade show. These guidelines are required to ensure your safety, as well as the safety of all attendees and for the smooth operation of the CPNA trade show.

**Return form to: NABE • 15825 N. 71<sup>st</sup> Street, Suite 100 • Scottsdale, AZ 85254 • Attn: Jen Burns  
Fax: 480-905-0708 or e-mail [jen@probeauty.org](mailto:jen@probeauty.org).**

# COSMOPROF

## NORTH AMERICA LAS VEGAS



**Run of House Suite**  
 Discounted Resort Fee \$15.00 per night  
 Additional Person Rate is \$35.00 (Max 4 per room)

|                     |       |           |
|---------------------|-------|-----------|
| Mon 7/3 - Wed 7/5   | ..... | \$ 129.00 |
| Thu 7/6             | ..... | \$ 182.00 |
| Fri 7/7             | ..... | \$ 215.00 |
| Sat 7/8             | ..... | \$ 325.00 |
| Sun 7/9             | ..... | \$ 255.00 |
| Mon 7/10            | ..... | \$ 200.00 |
| Tue 7/11 - Thu 7/13 | ..... | \$ 182.00 |
| Fri 7/14 - Sat 7/15 | ..... | \$ 255.00 |



**Resort Tower Run of House**  
 Discounted Resort Fee \$15.00 per night  
 Additional Person Rate is \$30.00 (Max 4 per room)

|                     |       |           |
|---------------------|-------|-----------|
| Thu 7/6             | ..... | \$ 41.00  |
| Fri 7/7             | ..... | \$ 83.00  |
| Sat 7/8             | ..... | \$ 113.00 |
| Sun 7/9 - Mon 7/10  | ..... | \$ 43.00  |
| Tue 7/11 - Wed 7/12 | ..... | \$ 41.00  |



**FOUR SEASONS**

**Strip View Rooms**  
 Resort Fee \$32.00 per night  
 Additional person rate is \$50.00 (Max 3 per room)

|                     |       |           |
|---------------------|-------|-----------|
| Wed 7/5 - Thu 7/6   | ..... | \$ 220.00 |
| Fri 7/7             | ..... | \$ 325.00 |
| Sat 7/8             | ..... | \$ 395.00 |
| Sun 7/9             | ..... | \$ 375.00 |
| Mon 7/10            | ..... | \$ 315.00 |
| Tue 7/11 - Wed 7/12 | ..... | \$ 215.00 |

**Superior Rooms**  
 Resort Fee \$32.00 per night  
 Additional person rate is \$50.00 (Max 3 per room)

|                     |       |           |
|---------------------|-------|-----------|
| Thu 7/6             | ..... | \$ 190.00 |
| Fri 7/7             | ..... | \$ 275.00 |
| Sat 7/8             | ..... | \$ 345.00 |
| Sun 7/9             | ..... | \$ 325.00 |
| Mon 7/10            | ..... | \$ 265.00 |
| Tue 7/11 - Wed 7/12 | ..... | \$ 185.00 |



**Pyramid Deluxe**  
 Discounted Resort Fee \$15.00 per night  
 Additional Person Rate is \$35.00 (Max 4 per room)

|                     |       |           |
|---------------------|-------|-----------|
| Thu 7/6             | ..... | \$ 61.00  |
| Fri 7/7             | ..... | \$ 119.00 |
| Sat 7/8             | ..... | \$ 154.00 |
| Sun 7/9             | ..... | \$ 72.00  |
| Mon 7/10            | ..... | \$ 67.00  |
| Tue 7/11 - Wed 7/12 | ..... | \$ 61.00  |

**Tower Deluxe**  
 Discounted Resort Fee \$15.00 per night  
 Additional Person Rate is \$35.00 (Max 4 per room)

|                     |       |           |
|---------------------|-------|-----------|
| Thu 7/6             | ..... | \$ 72.00  |
| Fri 7/7             | ..... | \$ 130.00 |
| Sat 7/8             | ..... | \$ 165.00 |
| Sun 7/9             | ..... | \$ 84.00  |
| Mon 7/10            | ..... | \$ 79.00  |
| Tue 7/11 - Wed 7/12 | ..... | \$ 72.00  |



**Deluxe Room**  
 Discounted Resort Fee \$15.00 per night  
 Additional Person Rate is \$35.00 (Max 4 per room)

|                     |       |           |
|---------------------|-------|-----------|
| Mon 7/3 - Wed 7/5   | ..... | \$ 95.00  |
| Thu 7/6             | ..... | \$ 125.00 |
| Fri 7/7             | ..... | \$ 165.00 |
| Sat 7/8             | ..... | \$ 275.00 |
| Sun 7/9             | ..... | \$ 195.00 |
| Mon 7/10            | ..... | \$ 145.00 |
| Tue 7/11 - Thu 7/13 | ..... | \$ 125.00 |
| Fri 7/14 - Sat 7/15 | ..... | \$ 195.00 |

*Rates listed above are based on single/double occupancy. Rates do not include applicable hotel tax (currently 12%), hotel resort fee or any other applicable hotel fees. (Subject to change without notice).*

# COSMOPROF

## NORTH AMERICA LAS VEGAS

Four easy ways to make your reservations:



<https://resweb.passkey.com/go/Cosmoprof2017>



(800) 826-8133 Toll Free 310-590-4713 Local



310) 649-3554

Par Avion Meetings & Conventions

15901 Hawthorne Blvd, Suite 440, Lawndale, CA 90260

**Hotel Preference**

- Delano at Mandalay Bay
- Four Seasons Hotel-Superior Room
- Luxor Hotel & Casino – Pyramid Deluxe
- Mandalay Bay Resort & Casino
- Excalibur Hotel & Casino
- Four Seasons Hotel-Strip View Room
- Luxor Hotel & Casino – Tower Deluxe

**Guest Type**

- Attendee
- Exhibitor

**Special Requests**

- Smoking
- Non-Smoking
- ADA Accessibility

**Contact Information**

Name: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Email: \_\_\_\_\_

**Individual Guest Booking**

Guest Name: \_\_\_\_\_  
 Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_  
 2<sup>nd</sup> Guest Name: \_\_\_\_\_ 3<sup>rd</sup> Guest Name: \_\_\_\_\_

**Bed Type (request only)**

- King (max 2 guests)
- Double/Double (max 4 guests)

**Group Booking (up to 5 rooms)**

Indicate the Bed type request and number of rooms required per night. For more than five rooms please contact our reservation department at (800) 826-8133 or (310) 590-4713.

| Room Type | Event Days |          |          |          |           |           |           |
|-----------|------------|----------|----------|----------|-----------|-----------|-----------|
|           | Thu, 7/6   | Fri, 7/7 | Sat, 7/8 | Sun, 7/9 | Mon, 7/10 | Tue, 7/11 | Wed, 7/12 |
|           |            |          |          |          |           |           |           |
|           |            |          |          |          |           |           |           |
|           |            |          |          |          |           |           |           |
|           |            |          |          |          |           |           |           |

First night room and tax deposit due at time of booking. Deposit will be charged to credit card on or after June 5, 2017. Credit card information must be provided until check arrives. Check must be received by May 22, 2017. Room rates are on space available basis and do NOT include tax. **Last day to make reservations for the discounted rates is June 5, 2017.**

Card Type:  American Express  Diners Club  Discover  MasterCard  Visa

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**RESPONSIBILITY AND LIABILITY:** Par Avion Meetings and Conventions (travel program producer) and NABE (travel program sponsor) and/or their agents act only in the capacity as agents for customers in all matters pertaining to hotel accommodations, and as such are not responsible for any damage, expenses or inconvenience caused by late train or plane arrivals or departures, or by any change of schedule condition from any loss, injury or damage to any person or property from any cause whatsoever. Baggage handling throughout the program is entirely at the owner's risk. The customer agrees that NABE/Par Avion shall not be held responsible in the event of any errors or omissions in any promotional material.